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Connecting via Winsock to STN



Welcome to STN International!  Enter x:x

LOGINID:SSSPTAU182DAS

PASSWORD:
 * * * * * * RECONNECTED TO STN INTERNATIONAL * * * * * *
SESSION RESUMED IN FILE 'HOME' AT 15:11:13 ON 19 MAY 2009
FILE 'HOME' ENTERED AT 15:11:13 ON 19 MAY 2009
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       0.22       0.22

=> FILE MEDLINE
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       0.22       0.22

FILE 'MEDLINE' ENTERED AT 15:11:33 ON 19 MAY 2009

 FILE LAST UPDATED: 16 May 2009 (20090516/UP).  FILE COVERS 1949 TO DATE.

 MEDLINE and LMEDLINE have been updated with the 2009 Medical Subject
 Headings (MeSH) vocabulary and tree numbers from the U.S.  National Library
 of Medicine (NLM).  Additional information is available at

 http://www.nlm.nih.gov/pubs/techbull/nd08/nd08_medline_data_changes_2009.html.

 On February 21, 2009, MEDLINE was reloaded.  See HELP RLOAD for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

 See HELP RANGE before carrying out any RANGE search.

=> S DOG OR CANINE
         90047 DOG
        271052 DOGS
        282226 DOG
                  (DOG OR DOGS)
         53855 CANINE
          3595 CANINES
         56302 CANINE
                  (CANINE OR CANINES)
L1      291650 DOG OR CANINE

=> S PLASMA(a)(EXCHANG? OR TRANSFUS?)
        576928 PLASMA
          3655 PLASMAS
        577968 PLASMA
                  (PLASMA OR PLASMAS)
        240860 EXCHANG?
         96732 TRANSFUS?
L2        6290 PLASMA(A)(EXCHANG? OR TRANSFUS?)
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=> S PLASMA(A)(DONOR OR RECIPIENT)
         576928 PLASMA
           3655 PLASMAS
         577968 PLASMA
                  (PLASMA OR PLASMAS)
         109405 DONOR
         106875 DONORS
         183870 DONOR
                  (DONOR OR DONORS)
          39889 RECIPIENT
          65695 RECIPIENTS
          94071 RECIPIENT
                  (RECIPIENT OR RECIPIENTS)
L3          683 PLASMA(A)(DONOR OR RECIPIENT)

=> S L2 OR L3
L4         6944 L2 OR L3

=> S L1 AND L4
L5           57 L1 AND L4

=> S BLOOD(w)GROUP
        2471700 BLOOD
            736 BLOODS
        2471828 BLOOD
                  (BLOOD OR BLOODS)
        1357319 GROUP
        1011221 GROUPS
        1887859 GROUP
                  (GROUP OR GROUPS)
L6        39551 BLOOD(W)GROUP

=> S ERYTHROCY?(a)ANTIGEN
         181530 ERYTHROCY?
         408618 ANTIGEN
         493368 ANTIGENS
         695636 ANTIGEN
                  (ANTIGEN OR ANTIGENS)
L7          535 ERYTHROCY?(A)ANTIGEN

=> S DEA
           1144 DEA
             23 DEAS
L8         1165 DEA
                  (DEA OR DEAS)

=> S MATCH? OR CROSS(w)MATCH?
         206169 MATCH?
         438044 CROSS
          27298 CROSSES
         461947 CROSS
                  (CROSS OR CROSSES)
         206169 MATCH?
           1042 CROSS(W)MATCH?
L9       206169 MATCH? OR CROSS(W)MATCH?

=> S L6 OR L7 OR L8 OR L9
L10      246366 L6 OR L7 OR L8 OR L9
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=> S L5 AND L10
L11 4 L5 AND L10

=> D L11 1-4 BIB AB

L11 ANSWER 1 OF 4 MEDLINE on STN
AN 2000041111 MEDLINE Full-text
DN PubMed ID: 10573816
TI Use of blood and blood products.
AU Hunt E; Wood B
CS Department of Farm Animal Health and Resource Management, North Carolina State University College of Veterinary Medicine, Raleigh, USA.
SO The Veterinary clinics of North America. Food animal practice, (1999 Nov) Vol. 15, No. 3, pp. 641-62. Ref: 69
Journal code: 8511905. ISSN: 0749-0720.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 199912
ED Entered STN: 13 Jan 2000
Last Updated on STN: 13 Jan 2000
Entered Medline: 22 Dec 1999
AB It is sometimes necessary for the practitioner to transfuse the ruminant with whole blood or plasma. These techniques are often difficult to perform in practice, are time-consuming, expensive, and stressful to the animal. Acute loss of 20% to 25% of the blood volume will result in marked clinical signs of anemia, including tachycardia and maniacal behavior. The PCV is only a useful tool with which to monitor acute blood loss after intravascular equilibration with other fluid compartments has occurred. An acutely developing PCV of 15% or less may require transfusion. Chronic anemia with PCV of 7% to 12% can be tolerated without transfusion if the animal is not stressed and no further decline in erythrocyte mass occurs. Seventy-five percent of transfused bovine erythrocytes are destroyed within 48 hours of transfusion. A transfusion rate of 10 to 20 mL/kg recipient weight is necessary to result in any appreciable increase in PCV. A nonpregnant donor can contribute 10 to 15 mL of blood/kg body weight at 2- to 4-week intervals. Sodium citrate is an effective anticoagulant, but acid citrate dextrose should be used if blood is to be stored for more than a few hours. Blood should not be stored more than 2 weeks prior to administration. Heparin is an unsuitable anticoagulant because the quantity of heparin required for clot-free blood collection will lead to coagulation defects in the recipient. Blood cross-matching is only rarely performed in the ruminant. In field situations, it is advisable to inject 200 mL of donor blood into the adult recipient and wait 10 minutes. If no reaction occurs, the rest of the blood can probably be safely administered as long as volume overload problems do not develop. Adverse reactions are most commonly seen in very young animals or pregnant cattle. Signs of blood or plasma transfusion reaction include hiccoughing, tachycardia, tachypnea, sweating, muscle tremors, pruritus, salivation, cough, dyspnea, fever, lacrimation, hematuria, hemoglobinuria, collapse, apnea, and opisthotonos. Intravenous epinephrine HCl 1:1000 can be administered (0.2 to 0.5 mL) intravenously or (4 to 5 mL) intramuscularly (preferable) if clinical signs are severe. Pretreatment with antipyretics and slowing the administration rate may decrease the febrile response. Blood or plasma administered too rapidly will also result in signs of cardiovascular overload, acute heart failure, and pulmonary hypertension and edema. Furosemide and slower administration of blood or plasma should alleviate this problem. Administration rates have been suggested starting from 10 mL/kg/hr; faster rates may be necessary in peracute hemorrhage. Plasma should be administered

when failure of absorption of passive maternal antibody has occurred or when protein-loosing enteropathy or nephropathy results in a total protein of less than 3 g/dL or less than 1.5 g albumin/dL. Plasma can be stored at household freezer temperatures (-15 to -20 degrees C) for a year; coagulation factors will be destroyed after 2 to 4 months when stored in this manner. To maintain viability of coagulation factors, plasma must be stored at -80 degrees C for less than 12 months. When administering plasma, a blood donor set with a built-in filter should always be used. When bovine plasma is thawed, precipitants form in the plasma and infusion of these microaggregates may result in fatal reactions in the recipient.

L11 ANSWER 2 OF 4 MEDLINE on STN
AN 1983091210 MEDLINE Full-text
DN PubMed ID: 6757950
TI Methods for selective removal of plasma constituents.
AU Pineda A A
SO Progress in clinical and biological research, (1982) Vol. 106, pp. 361-73.
Ref: 30
Journal code: 7605701. ISSN: 0361-7742.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 198302
ED Entered STN: 17 Mar 1990
Last Updated on STN: 17 Mar 1990
Entered Medline: 14 Feb 1983

L11 ANSWER 3 OF 4 MEDLINE on STN
AN 1982248107 MEDLINE Full-text
DN PubMed ID: 7048329
TI Immune adsorption of anti-A and anti-B antibodies.
AU Bensinger W I; Buckner C D; Williams B; Clift R A
NC CA 15704 (United States NCI NIH HHS)
CA 18029 (United States NCI NIH HHS)
CA 18579 (United States NCI NIH HHS)
SO Progress in clinical and biological research, (1982) Vol. 88, pp. 295-300.
Journal code: 7605701. ISSN: 0361-7742.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
LA English
FS Priority Journals
EM 198209
ED Entered STN: 17 Mar 1990
Last Updated on STN: 3 Feb 1997
Entered Medline: 24 Sep 1982
AB Plasma exchange is an effective technique for removal of antibodies prior to ABO incompatible marrow grafting. However, expense and hepatitis risk make alternative methods desirable. A solid phase immunoadsorbent column using blood group A trisaccharide has been demonstrated to specifically remove anti-A antibody from human plasma in vitro and immunized dogs in vivo with no toxicity. Preliminary results in patients are encouraging.

L11 ANSWER 4 OF 4 MEDLINE on STN
AN 1982067389 MEDLINE Full-text
DN PubMed ID: 7030280

TI Plasma exchange and immunoadsorption for removal of antibodies prior to ABO incompatible bone marrow transplant.
AU Bensinger W I
NC CA 18029 (United States NCI NIH HHS)
CA 18579 (United States NCI NIH HHS)
SO Artificial organs, (1981 Aug) Vol. 5, No. 3, pp. 254-8.
Journal code: 7802778. ISSN: 0160-564X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
(RESEARCH SUPPORT, U.S. GOV'T, P.H.S.)
LA English
FS Priority Journals
EM 198201
ED Entered STN: 16 Mar 1990
Last Updated on STN: 3 Feb 1997
Entered Medline: 9 Jan 1982
AB ABO incompatible allogeneic bone marrow transplants can be performed successfully to treat patients with leukemia or aplastic anemia. These transplants carry no great risk of rejection or graft-versus-host disease, however, some method must be used to avoid acute hemolysis at the time of infusion of ABO incompatible marrow. We have used successfully large volume plasma exchange to remove anti-A or anti-B antibodies prior to marrow infusion. More recently we have used immunoadsorbent columns containing synthetic A or B antigen specifically to remove anti-A or anti-B antibodies in lieu of plasma exchange. These columns are better tolerated than plasma exchange where allergic reactions are common.

=> LOG Y

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	4.90	5.12

STN INTERNATIONAL LOGOFF AT 15:17:22 ON 19 MAY 2009